

## Office of the City Clerk Background Check Form

	<u>Dackgrouna</u>	CHECK TUTTI	
Auctioneer*	City Sponsored Event Vendor (if lacking Troy Vendor's License)		
Vendor*	Games/BingoSecondhand dealer *Dealer in Precious Metal*Special Event		
Peddler*	Dealer in Prec	ious Metal*Special E	vent
* Indicates that fingerprin	ting (Part D) is required.		
PART A			
7 r			
Name:			
Address:			
D (D) 1	0 110		
Date of Birth:	Social Security	Number:	
List any and all other na	ames you have ever use	ed:	-
Market Committee			**************************************
List all nicknames you	have ever used:		
PART B			
List in reverse chronolo	ogical order all of the p	<u>laces you have resided in t</u>	he past ten years.
Street # and Name	City or Town	State or Province	Country
DADT C			
PART C			
Have you ever been con	ivicted of a crime?		
If yes, Explain:			
PART D: To be complet			
, , ,		mits. Contact L1 Enrollment	
		and use ORI#NY0410201.	There is a
charge for this ser	rvice; make payment dire	ectly to L1.	
ī	BY EXECUTION	OF THIS DOCUMENT GIVE TH	F City of Troy AND
THEIR AGENTS PERMISSIC		IAL BACKGROUND CHECK RE	
		UT IS NOT LIMITED TO A REC	
		TED OF ANY CRIME OR HAVE	
		LICATION WILL RESULT IN IM OR WHICH I HAVE APPLIED.	MEDIATE
		erein are true and correct to the best	of my knowledge.
information, and belief.			
		Fingerprint backgro	ound review: ApprovedDenied_
SIGNATURE	D	ATE Lead background	Ammanad Daried
		Local background r	eview: ApprovedDenied
		Signature	Date
		Signature	Date